

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X  
In re:

Roy Albers aka Roy L. Albers,

Chapter 13  
Case No. 15-22732-rdd

Debtor(s).  
-----X

**CREDITOR LOSS MITIGATION AFFIDAVIT re LOANS ENDING x4048 AND x4399**

I, Carrie Altenburg, being sworn, say:

I am not a party to this action, am over 18 years of age, and reside in Suffolk County, New York.

On July 22, 2015, I served a true copy of the financial packet and this “*Creditor Loss Mitigation Affidavit*”<sup>1</sup> upon the following party via first-class mail at the following address:

H. Bruce Bronson, Jr., Esq.  
*Counsel for the Debtor*  
Bronson Law Offices, PC  
480 Mamaroneck Avenue  
Harrison, NY 10528

Pursuant to that request, the Debtor<sup>2</sup> must provide the following documents:

☐ A copy of the Debtor’s two (2) most recent federal income tax returns;

☐ A copy of the Debtor’s last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor;

Or, if Debtor is self-employed:

☐ A copy of the Debtor’s business’ two (2) most recent months’ profit and loss statements, setting forth a breakdown of the monthly business income and expenses [*for the months of*];

☐ A copy of the mortgagee’s completed financial worksheet;

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<sup>1</sup> Italicized words in quotations indicate that there is a form by the same name on the Bankruptcy Court’s website. These forms shall be used whenever applicable.

<sup>2</sup> Unless otherwise provided herein, all capitalized terms are defined in the Southern District of New York’s Loss Mitigation Program Procedures. The Loss Mitigation Program Procedures’ definition of “Debtor” includes joint debtors.

☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs,

☒ Other (please specify): See attached letter.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Emily A. Spruiell  
Operations Project Analyst  
Bankruptcy / Litigation / Mediation Business Support  
Phone: 972.348.5778  
Email: emily.spruiell@bankofamerica.com

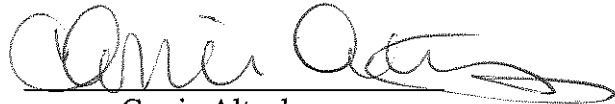
Please be advised that the Creditor designates the following person to be its attorney for Loss Mitigation on this Loan:

Richard Postiglione, Esq.  
Frenkel Lambert Weiss Weisman & Gordon LLP  
Email: rpostiglione@flwlaw.com  
Phone: 631.969.3100

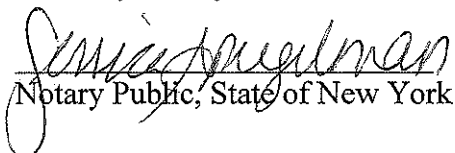
**Please be further advised that all documents are to be forwarded to the Bank's Counsel at:**

**Richard Postiglione, Esq. and Carrie Altenburg**  
**Frenkel Lambert Weiss Weisman & Gordon LLP**  
**Email: rpostiglione@flwlaw.com and caltenburg@flwlaw.com**

Dated: July 22, 2015  
Bay Shore, New York

  
Carrie Altenburg

Sworn to before me this  
22nd day of July, 2015

  
Notary Public, State of New York

**JESSICA SPIEGELMAN**  
**Notary Public, State of New York**  
**No. 01SP6093750**  
**Qualified in Suffolk County**  
**Commission Expires June 9, 20** 19

Our File No. 01-060666-B00 (loan x4048)  
Our File No. 01-077081-B00 (loan x4399)

**Debtor:** Roy Albers aka Roy L. Albers  
**Case No.:** 15-22732-rdd  
**Our File No.:** 01-060666-B00 and 01-077081-B00  
**Loan No.:** ending 4048 and ending 4399

**CREDITOR'S REQUEST FOR FINANCIAL DOCUMENTS:**

- \_\_\_\_\_ **RMA – Form Attached**
- \_\_\_\_\_ Uniform Borrower Assistance Form – **Form Attached**
- \_\_\_\_\_ A copy of last three (3) Bank statements. Must include all pages, bank institute name and address and borrower name and address
- \_\_\_\_\_ A copy of the Debtor(s) two (2) most recent Federal Tax Returns **signed and dated, with all Schedules**
- \_\_\_\_\_ A copy of the Debtor(s) last two (2) paycheck stubs; four (4) if paid weekly
- \_\_\_\_\_ Proof of social security income  
\*Must also be circled and marked accordingly on the bank statement
- \_\_\_\_\_ Proof of pension income  
\*Must also be circled and marked accordingly on the bank statement.
- \_\_\_\_\_ Proof of any other income received Proof of income  
\*Must also be circled and marked accordingly on the bank statement.
- \_\_\_\_\_ If the Debtor is Self-Employed:
  - A copy of the Debtor's business four
  - (4) most recent months bank statements; and
    - Profit and Loss Statements for the last three months
    - Must Include Company Name
    - Must be signed/dated
    - Must have specific dates
    - Must be in format annexed to this Request**
- \_\_\_\_\_ A completed copy of the attached completed Financial Review Worksheet  
**-Form Attached**
- \_\_\_\_\_ Proof of Second/Third Party Income by Affidavit of the party including last two (2) paycheck stubs four (4) if paid weekly
- \_\_\_\_\_ Non-Borrower Credit Authorization Signed/Dated- Must be completed if a Borrower/Co-Borrower disclosed Income from a Household Member who is not on the Promissory Note.  
**Form Attached**

\_\_\_\_\_ Hardship Affidavit - **signed and dated**

\_\_\_\_\_ Dodd –Frank Certificate - **Form Attached**

\_\_\_\_\_ Proof of Occupancy in the Form a **Utility Bill** with the Debtor's Name and Address

\_\_\_\_\_ IRS For 4506-T – **Form Attached**

\_\_\_\_\_ Proof of Payment of Homeowners Association Dues – Last two (2) statements

\_\_\_\_\_ Attorney Authorization Form – **Form Attached**

\* Please note, if no direct contact is preferred, simply indicate same on the form and return the form as unsigned.

\_\_\_\_\_ If the Debtor is claiming Rental Income

- Fully Executed rental agreements; and

- Three Months Bank Statements verifying rental deposits

\* Must also be circled and marked accordingly on the bank statement.

**IF THE RENTAL INCOME INDICATED ON AGREEMENT IS NOT  
CONSISTENT WITH AMOUNT OF THE RENTAL INCOME INDICATED  
ON THE BANKING STATEMENTS PLEASE PROVIDE A LETTER OF  
EXPLANATION**

**UNIFORM BORROWER ASSISTANCE FORM**

Pg 5 of 26

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE:** In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

**REMINDER:** The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number \_\_\_\_\_ (usually found on your monthly mortgage statement)  
Servicer's Name \_\_\_\_\_

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☐ My Primary Residence ☐ A Second Home ☐ An Investment Property

The property is currently: ☐ Owner Occupied ☐ Renter Occupied ☐ Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____
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Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No

Total monthly amount: \$ \_\_\_\_\_ Name and address that fees are paid to: \_\_\_\_\_

Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filing Date: \_\_\_\_\_ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case number: \_\_\_\_\_

Is any Borrower an active duty service member? ☐ Yes ☐ No  
 Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? ☐ Yes ☐ No  
 Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? ☐ Yes ☐ No

**UNIFORM BORROWER ASSISTANCE FORM**

Pg 6 of 26

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other	\$	Other	\$		\$
<b>Total (Gross income)</b>	<b>\$ 0</b>	<b>Total Household Expenses and Debt Payments</b>	<b>\$ 0</b>	<b>Total Assets</b>	<b>\$ 0</b>

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number

**Required Income Documentation**☐ **Do you earn a salary or hourly wage?**

For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' or four weeks' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

☐ **Are you self-employed?**

For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

☐ **Do you have any additional sources of income?** Provide for each borrower as applicable:**"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:**

- ☐ Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

**Social Security, disability or death benefits, pension, public assistance, or adoption assistance:**

- ☐ Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and
- ☐ Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

**Rental income:**

- ☐ Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or
- ☐ If rental income is not reported on Schedule E—Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

**Investment income:**

- ☐ Copies of the two most recent investment statements or bank statements supporting receipt of this income.

**Alimony, child support, or separation maintenance payments as qualifying income:\***

- ☐ Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and
- ☐ Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

**\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

**UNIFORM BORROWER ASSISTANCE FORM**

Pg 7 of 26

**HARDSHIP AFFIDAVIT**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

☐ Short-term (under 6 months) ☐ Medium-term (6 – 12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of reason set forth below:**

*(Please check the primary reason and submit required documentation demonstrating your primary hardship)*

<b>If Your Hardship is:</b>	<b>Then the Required Hardship Documentation is:</b>
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	<b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <b>For employment transfers/new employment:</b> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
  - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by ☐ text messaging.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

**When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.**

## SECTION 1: BORROWER INFORMATION

BORROWER	CO-BORROWER
BORROWER'S NAME	CO-BORROWER'S NAME
SOCIAL SECURITY NUMBER      DATE OF BIRTH (MM/DD/YYYY) _____	SOCIAL SECURITY NUMBER      DATE OF BIRTH (MM/DD/YYYY) _____
HOME PHONE NUMBER WITH AREA CODE _____	HOME PHONE NUMBER WITH AREA CODE _____
CELL OR WORK NUMBER WITH AREA CODE _____	CELL OR WORK NUMBER WITH AREA CODE _____
MAILING ADDRESS	MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME") _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____

Has any borrower filed for bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Bankruptcy case number: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any borrower a servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? \_\_\_\_\_

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?    ☐ Yes    ☐ No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?    ☐ Yes    ☐ No    If "Yes", how many? \_\_\_\_\_

Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?    ☐ Yes    ☐ No

## SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):	
<input type="checkbox"/> My household income has been reduce. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability, or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are exclusive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities, or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

I am requesting mortgage assistance with my principal residence ☐ YES ☐ NO

If "yes" ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_

Other mortgages or liens on the property? ☐ YES ☐ NO Lien Holder / Servicer Name: \_\_\_\_\_ Loan ID Number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees? ☐ YES ☐ NO If "Yes", Monthly Fee \$ \_\_\_\_\_ Are fees paid current ☐ YES ☐ NO

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and Insurance? ☐ YES ☐ NO If "NO", are the taxes and insurance paid current? ☐ YES ☐ NO

Annual Homeowner's Insurance \$ \_\_\_\_\_

Is the property listed for sale? ☐ YES ☐ NO If "YES", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Date? \_\_\_\_\_ Have you received a purchase offer? ☐ YES ☐ NO Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_

**Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.**

Principal residence servicer name: \_\_\_\_\_ Principal residence servicer phone number: \_\_\_\_\_

Is the mortgage on your principal residence paid? ☐ YES ☐ NO if "NO" number of months your payment is past due (if known): \_\_\_\_\_

#### SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expense/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security/SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		\$
Child Support / Alimony**	\$	Car Payments	\$		\$
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		\$
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principal residence	\$
Other	\$		\$	Other	\$
<b>Total (Gross income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

\*\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\*\* Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation	
(Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage?	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. <b>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

<b>SECTION 5: OTHER PROPERTIES OWNED</b> (You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)
---

Other Property #1	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3	
Property Address: _____	Loan I.D. Number: _____
Servicer Name: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

I am requesting mortgage assistance with a rental property. ☐ Yes ☐ No

I am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ No

If "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property ☐ Yes ☐ No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No", are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently: ☐ Vacant and available for rent.  
☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.  
☐ Occupied by a tenant as their principal residence.  
☐ Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_ / \_\_\_\_ / \_\_\_\_ -- \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale? ☐ Yes ☐ No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List date? \_\_\_\_\_ Have you received a purchase offer? ☐ Yes ☐ No Amount of offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_

### RENTAL PROPERTY CERTIFICATION

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

## SECTION 7: DODD -FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L.111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER ☐ I do not wish to furnish this information

*Ethnicity* ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

*Race:* ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

*Sex:* ☐ Female  
☐ Male

CO-BORROWER ☐ I do not wish to furnish this information

*Ethnicity* ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

*Race:* ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

*Sex:* ☐ Female  
☐ Male

## To be completed by interviewer

*Name/Address of Interviewer's Employer*

This request was taken by:

- ☐ Face-to-face Interview
- ☐ Mail
- ☐ Telephone
- ☐ Internet

*Interviewer's Name (print or type) & ID Number*

*Interviewer's Signature* *Date*

*Interviewer's Phone Number (include area code)*

## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

#### HOMEOWNER'S HOTLINE

*If you have questions about this document or the Making Home Affordable Program, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the  
Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).*

*The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



#### NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtarp.gov](http://www.sigtarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

#### **Beware of Foreclosure Rescue Scams. Help is FREE!**

- **There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.**
- **Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.**
- **Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.**
- **Never make your mortgage payments to anyone other than your mortgage company without their approval.**



**To Be Completed if a Borrower/Co-Borrower Discloses Income From a  
Household Member Who is Not on the Promissory Note**

LOAN #: \_\_\_\_\_

Your Hardship Affidavit /Request for Modification or Uniform Borrower Assistance Form indicates that a non-borrower contributes to your total household income. For our purposes, a "non-borrower" is an individual who resides in your home and contributes to the household income but is not personally obligated on your mortgage loan. As part of the evaluation process, a Credit Authorization Form must be completed and signed by each non-borrower.

Note: Updated or additional documents may be required. Copies of this form may be used if you have more than one non-borrower contributing to your total household income.

Please have the non-borrower fully execute the below **NON-BORROWER CREDIT AUTHORIZATION FORM**.

---

**NON-BORROWER CREDIT AUTHORIZATION FORM TO OBTAIN CONSUMER CREDIT REPORT**

The undersigned non-borrower certifies the following:

1. I am an occupant of \_\_\_\_\_ (the "Property");  
PROPERTY ADDRESS
2. I contribute to the total household income of the Property;
3. I understand and acknowledge that Bank of America is evaluating the mortgage loan that is secured by the Property for a loan modification.
4. I hereby authorize Bank of America, N.A., or its designated agent, to obtain and review a consumer credit report containing my credit history and other non-public information as part of its evaluation process.

This Authorization shall constitute the undersigned's agreement to allow Bank of America, N.A. to obtain a copy of a consumer credit report in the manner permitted by the Fair Credit Reporting Act.

\_\_\_\_\_  
NAME (Non-Borrower)

\_\_\_\_\_  
SIGNATURE (Non-Borrower)

\_\_\_\_\_  
RELATIONSHIP TO BORROWER

\_\_\_\_\_  
DATE

NON-BORROWER SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

# Hardship Letter

Please tell us in detail why you are experiencing financial difficulties.

☐ Income reduction☐ Unemployed☐ Self-employed

☐ Divorce

☐ Medical\*☐ OtherThis image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* For the protection of your privacy, when indicating medical hardship, please provide general information about the illness only. For example, rather than stating "Terminal cancer", it will suffice to state "long-term illness".

Form **4506-T**  
(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Bank of America c/o Tax Verification Service, 17842 Irvine Blvd, Tustin, CA 92780

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☒

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . . ☐

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2013 12/31/2012 12/31/2014

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Section references are to the Internal Revenue Code unless otherwise noted.

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**CAUTION.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
---	---

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
---	--

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
---	--

559-456-5876

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
--	--

816-292-6102

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
--	---

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
--	--

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
--	--

859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

# Financial Review Worksheet

\*\*\*\*PLEASE COMPLETE THE INFORMATION REQUESTED BELOW\*\*\*\*

Name:	Date:
Home #:	Other contact#
Work #:	Cell #:
Mailing Address:	
Property Address:	
Loan Number(s):	

## Monthly Expenses

Please list ALL of your monthly expenses, and also note if any of them are past due. If any of these expenses are past due list how much is past due (\$total) and how many months.

Other Mortgages: \$	Food: \$
Liens:\$	Electric Bill: \$
Gas Bill: \$	Cable/Dish: \$
Auto(s): \$	HOA Fees: \$
Auto Insurance: \$	Medical:\$
Credit Cards: \$	Entertainment: \$
Child Care: \$	Clothes: \$
Child Support/Alimony: \$	Dental Insurance: \$
Personal Loans: \$	Internet: \$
Cell Phone: \$	Water/Sewage: \$
School lunches: \$	Education/Tuition: \$
Home Security System: \$	Health Insurance:\$
Gasoline: \$	Tolls/Parking: \$
Hazard insurance: \$	Flood insurance: \$
Earthquake insurance:\$	Other: \$

## General Information

Number of Automobiles owned \_\_\_\_\_ Number of people living in the home \_\_\_\_\_

Has your hardship ended? Yes or No \*\*\*Attach a hardship letter\*\*\*

\* A hardship letter is a letter stating the reason your loan went into default and how your financial situation/circumstances has or has not changed since the default, depending on your current status, along with your interest in resolving the matter.

Who currently occupies the property?

Are you represented by an attorney? If so, please provide their contact information.

How much money do you have to contribute towards the delinquency?

## Monthly Income

How often do you get paid? \_\_\_\_\_ (monthly, weekly, bi-weekly, yearly)

Net Amount:
Gross Amount:
Rents Received:
Unemployment:
Disability:
Child Support/Alimony:
Other:

### Co-Borrower Monthly Income

How often do you get paid? \_\_\_\_\_ (monthly, weekly, bi-weekly, yearly)

Net Amount:
Gross Amount:
Rents Received:
Unemployment:
Disability:
Child Support/Alimony:
Other:

### Employment Information

Name & Address of Employer:
Name & Address of Employer for Co-Borrower:

**HELP FOR AMERICA'S HOMEOWNERS.**



## **Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

<b>Borrower</b>	<b>Co-Borrower</b>
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: <b>(a)</b> felony larceny, theft, fraud or forgery, <b>(b)</b> money laundering or <b>(c)</b> tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

## Sample Profit and Loss Statement for Self-Employed Homeowners

*Note: This is a sample template to be used as a guide for homeowners.  
Depending on your business, you may be asked to provide additional information.*

**Name of Company:**

**Dates:** \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

<b>Gross margin</b>	%	%
<b>Return on sales</b>	%	%

Quarterly **OR** Year-to-date

### Sales Revenue

Sales Revenue	\$	\$
<b>Total Sales Revenue</b>	\$	\$

### Cost of Sales

Product/Service	\$	\$
<b>Total Cost of Sales</b>	\$	\$

### Gross Profit

	\$	\$
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### Operating Expenses

#### Sales and Marketing

Advertising	\$	\$
<b>Total Sales and Marketing Expenses</b>	\$	\$

#### Research and Development

Technology licenses	\$	\$
<b>Total Research and Development Expenses</b>	\$	\$

#### General and Administrative

Officer wages and salaries	\$	\$
Employee wages and salaries	\$	\$
Supplies	\$	\$
Meals and entertainment	\$	\$
Rent	\$	\$
Telephone	\$	\$
Utilities	\$	\$
Depreciation	\$	\$
Insurance	\$	\$
Repairs and maintenance	\$	\$
<b>Total General and Administrative Expenses</b>	\$	\$

### Total Operating Expenses

	\$	\$
--	----	----

### Income from Operations

	\$	\$
--	----	----

### Other Income

	\$	\$
--	----	----

### Taxes

Income taxes	\$	\$
Payroll taxes	\$	\$
Real estate taxes	\$	\$
Other taxes (specify):	\$	\$
Other taxes (specify):	\$	\$
<b>Total Taxes</b>	\$	\$

### Net Profit

	\$	\$
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## Instructions for Completing Sample Profit and Loss Statement for Self-Employed Homeowners

**Sample Profit and Loss Statement for Self-Employed Homeowners**

*Note: This is a sample template to be used as a guide for homeowners.  
Depending on your business, you may be asked to provide additional information.*

**Name of Company:** \_\_\_\_\_

**Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Gross margin</b>	<b>1</b>		%
<b>Return on sales</b>	<b>2</b>		%

Quarterly **OR** Year-to-date

<b>Sales Revenue</b>			
Sales Revenue		\$	\$
<b>Total Sales Revenue</b>	<b>3</b>	\$	\$
<b>Cost of Sales</b>			
Product/Service		\$	\$
<b>Total Cost of Sales</b>		\$	\$
<b>Gross Profit</b>	<b>4</b>	\$	\$
<b>Operating Expenses</b>			
<b>Sales and Marketing</b>			
Advertising		\$	\$
<b>Total Sales and Marketing Expenses</b>		\$	\$
<b>Research and Development</b>			
Technology licenses		\$	\$
<b>Total Research and Development Expenses</b>		\$	\$
<b>General and Administrative</b>			
Officer wages and salaries		\$	\$
Employee wages and salaries		\$	\$
Supplies		\$	\$
Meals and entertainment		\$	\$
Rent		\$	\$
Telephone		\$	\$
Utilities		\$	\$
Depreciation		\$	\$
Insurance		\$	\$
Repairs and maintenance		\$	\$
<b>Total General and Administrative Expenses</b>		\$	\$
<b>Total Operating Expenses</b>	<b>5</b>	\$	\$
<b>Income from Operations</b>	<b>6</b>	\$	\$
<b>Other Income</b>	<b>7</b>	\$	\$
<b>Taxes</b>			
Income taxes		\$	\$
Payroll taxes		\$	\$
Real estate taxes		\$	\$
Other taxes (specify):		\$	\$
Other taxes (specify):		\$	\$
<b>Total Taxes</b>		\$	\$
<b>Net Profit</b>	<b>8</b>	\$	\$

The numbered sections correspond to the definitions below. Please note that the numbered order of the definitions is not necessarily the order in which the form should be completed.

In the columns, provide **either** your most recent Quarterly **or** Year-to-date numbers

1. Gross Margin = (Gross Profit) / (Total Sales Revenue)
2. Return on Sales = (Net Profit) / (Total Sales Revenue)
3. Total Sales Revenue = All Income from Sales or Services. All money collected from the work you have done.
4. Gross Profit = (Total Sales Revenue) - (Total Cost of Sales)
5. Total Operating Expenses = (Total Sales and Marketing Expenses) + (Total Research and Development Expenses) + (Total General and Administrative Expenses)
6. Income from Operations = (Gross Profit) - (Total Operating Expenses)
7. Examples of Other Income includes: bad debts recovered, interest, tax refunds and other miscellaneous business income
8. Net Profit = (Income from Operations) + (Other Income) - (Total Taxes)

## Attorney Authorization Form for Customers in Active Bankruptcy

Please complete this form and fax to 1-800-658-0395

### Attorney Authorization Agreement

I hereby authorize Bank of America, N.A. to initiate verbal and written contact with my client for the purpose of reviewing my client's mortgage account for eligibility for loan assistance options during the pendency of the Bankruptcy proceeding. I also authorize Bank of America, N.A. to work directly with my client throughout the loan assistance review and approval process.

Further, I authorize Bank of America, N.A. to work with my client to review multiple loan assistance options and determine their eligibility for any available programs during the pendency of the Bankruptcy proceeding. I understand that working with my client on loan assistance options may include verbal/written contact with my client, document requests (including financial and income documentation), soft credit pulls, title searches or other requests as needed based on program eligibility requirements. Loan assistance options to be reviewed may include one or more of the following:

- Loan Modification Options
- Short Sale
- Deed in Lieu
- FHA Partial Claim

This agreement will remain in effect until Bank of America, N.A. receives a written notice of cancellation from me or my client or notice of the dismissal.

### Account Information

BK Case #/District/Chapter: \_\_\_\_\_

BAC Account #: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Address of Property: \_\_\_\_\_

### Signature

Attorney Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Debtor's Attorney Contact Information:

Name

Phone #